

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000363485

**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**1765875887CC**

**Entity Name:** CSJ FAMILY INVESTMENTS LLC

**Current Principal Place of Business:**

374 6TH STREET S  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

374 6TH STREET S  
ST. PETERSBURG, FL 33701 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FONTANEZ, CARMEN I  
374 6TH STREET S  
ST. PETERSBURG, FL 33701 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name FONTANEZ, CARMEN I  
Address 374 6TH STREET S  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name FIERMAN, STEFANIE L  
Address 374 6TH STREET S  
City-State-Zip: ST. PETERSBURG FL 33701

Title TREASURER  
Name FIERMAN, JUSTIN ADAM  
Address 374 6TH STREET S  
City-State-Zip: ST. PETERSBURG FL 33701

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARMEN I. FONTANEZ

**PRESIDENT**

**01/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date